

Participant's First & Last Name

City of Monroe Recreation Registration Form



Fee

Activity Name / Session

120 East First Street, Monroe, MI 48161; Phone: 734-384-9156; FAX: 734-243-8683
Office Hours: Mon.-Fri., 8:00 a.m. – 4:30 p.m. Please call ahead; office may be closed for lunch.

E-mail: recreation@monromi.gov; Website: www.monroemi.gov

Drop off or mail in registration. Late registrants may be responsible to pay for their own tee shirt.

Gender

Date of Birth

Age

Shirt Size (If Applicable) YS YM YL AS AM

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				M / F				
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				M / F				
Adult Participant/ Parent's Name:					RELEASE AND INDEMNITY AGREEMENT In consideration of this registration being accepted, I hereby, for myself, my heirs, executors			
Phone:		_ Alt. Phone:			administrators and assigns waive and release any and all rights and claims for damages which may have against the City of Monroe, the Monroe Recreation Department, and/or their employees			
Street Address:					_ and/or any chil	d of mine arising out of	d assigns on account of any injuries suf my or our participation in the program o	r activity above
City:	State:Zip Code:				referenced. I further agree to indemnify and hold harmless the City of Monroe, the Monro- Recreation Department, and/or their employees, agents, representatives, successors and assign			
E-Mail:				from any and all claims which may be made by or account of any person on account of any rights and claims released by this document. This indemnity agreement includes any and all damages				
Emergency Contact Name (Not Parent):					costs and attorney fees. I agree that any child of mine will participate according to the rules, regulations, and/or bylaws fo			
Emergency Contact	Phone:				the activity refe are taken of pa		tand that special requests are not guaran ing a special event or at the City parks, t	
Interested in Coachi	ng? (Print your name and pho	ne number)				tion Department usage or phlets, and flyers, or on t	nly and may be used in the Monroe Recreathe web.	ion Departmen
					SIGNATURE: _		DATE:	
	OFFICE USE ONLY:						_ Concussion Form □	
		Date Received	Re	eceipt No.	Total Paid	Initials		